

Completing the NEW HICF 1500 Claim Form

(See sample form in Appendix)

All information on the new HICF 1500 08/05 Claim Form should be typed or legibly printed. Only the 08-05 version of this form is accepted for processing after May 24, 2007. The fields listed below are used by EDS when processing Ladies First claims. The fields designated by an Asterisk (*) are mandatory; other fields are required when applicable.

To Process LF Electronic 837 Claims

Populate the special program code with a value of **03** to indicate it is a Ladies First claim.

FIELD LOCATOR	REQUIRED INFORMATION
1. CARRIER IDENTIFICATION	Check the "Other" box.
1a. INSURED'S ID NUMBER*	Enter the nine-digit social security number.
2. PATIENT'S NAME*	Enter the patient's last name, first name, and middle initial. Please submit names with NO hyphens or spaces in the first or last name. Correct way: Smith BobbyJoe. Verify correct spelling of name.
3. PATIENT'S BIRTH DATE	Enter the date of birth.
5. PATIENT'S ADDRESS	Enter the street (Not P.O. Box), city, state, and zip code.
10. CONDITION RELATED TO*	Check appropriate box to indicate: a. if condition is related to employment. b. if condition is related to an auto accident. c. if condition is related to any other type of accident. If "Yes" is checked in any of these boxes, enter the accident date in field 14.

11. INSURED'S POLICY NUMBER	<p>If the beneficiary has other health insurance (excluding Medicare), enter the applicable policy number.</p> <p>a. Enter the insured's date of birth in MM/DD/YY format; check the appropriate box to indicate insured's sex.</p> <p>b. Enter the insured's employer or school name.</p> <p>c. Enter the name of the other health insurance carrier.</p>
14. DATE OF CURRENT	<p>If any box in 10a, 10b, or 10c indicates a "Yes" response; enter the date of the accident. Required if "Yes" is entered.</p>
17a. TAXONOMY/REFERRING PHYSICIAN*	Enter ZZ with associated Provider Taxonomy (no space).
17b.*	Enter NPI number of referring physician.
21. DIAGNOSIS CODE(S)*	Enter the appropriate ICD-9-CM diagnosis code that relates to the service rendered. You may use up to four diagnoses codes. (See Fee Schedule tab for ICD-9-CM code list).
24a. DATE(S) OF SERVICE*	Enter the date of each service provided. If the "From" and "To" dates are the same, the "To" date is not required. MM/DD/YY format.
24b. PLACE OF SERVICE*	Enter the appropriate two digit place of service code.
24d. PROCEDURE CODE*	Please refer to the current Ladies First Fee Schedule and enter the appropriate CPT procedure code and applicable modifiers to explain the service rendered. All modifiers other than modifier 26 or TC are not covered by Ladies First and the bill will deny through EDS for non-covered service(s). (See Ladies First website for current fee schedule).
24e. DIAGNOSIS POINTER*	All pointers MUST point to a Ladies First covered

	<p>code. If any pointers point to a non-covered code, claim will be denied. Please see current fee schedule. You may put up to 4 ICD-9 codes in box 21 but be sure to ONLY point to Ladies First covered diagnosis codes in box 24e.</p> <p>Enter the appropriate diagnosis “pointer” that relates to the service rendered (i.e. 1, 2, 3, etc.) and that corresponds to the Ladies First covered diagnosis code from field 21. To be reimbursed for Ladies First procedures, both the diagnosis code and the CPT code must be Ladies First codes.</p>
24f. CHARGES*	Enter the usual and customary charge for the service rendered.
24g. DAYS OR UNITS*	Enter the number of days or units of service which were rendered.
24h. EPSDT/FAMILY PLAN*	Populate this field with a value of 5 to indicate it is a Ladies First claim.
24i. ID QUALIFIER*	Enter ZZ in shaded area.
24j. RENDERING/ATTENDING PROVIDER ID NUMBER (See below for Lab instructions)*	Enter attending Provider Taxonomy (no spaces) in shaded area of the field. Enter the NPI number in the un-shaded area of the field.
26. PATIENT'S ACCOUNT NUMBER	Enter the account number you have assigned to the patient. EDS can accept up to 12 digits; alpha, numeric, or alpha/numeric in this field. This information will print on the RA summary for your accounting purposes.
28. TOTAL CHARGE*	Add the charges from field 24f for each line and enter the total in this field.
29. AMOUNT PAID*	In field 29, only enter the “amount paid” by the insurer and do not include the “contractual allowance.”

	<p>If this box includes the “contractual allowance,” the “contractual allowance” will be counted as part of the insurance payment and be deducted from what EDS reimburses. EDS will pay only up to the Medicare Part B rate after deducting what the primary insurance paid.</p> <p>If a service submitted involves other insurance, it must be submitted as one detail claim to appropriately process the payment from the insurance company.</p> <p>If there are several services provided on the same day that involve insurance payments, you will need to submit a separate claim for each service (line) item showing the other insurance payment received in field 29 on each claim.</p>
31. SIGNATURE*	Enter the provider's signature or facsimile, or signature of the provider's authorized representative. Enter the date of the signature.
33. BILLING PROVIDER*	Enter the group name (as exactly noted on Ladies First enrollment), address and phone number. For individual provider practice enter provider's last name, first name, middle initial, address and phone number.
33a. BILLING PROVIDER'S NPI NUMBER*	Enter the NPI number of the billing provider.
33b. PROVIDER TAXONOMY*	Enter ZZ with associated Provider Taxonomy (no space)

(For Ladies First Labs in 24j. Local Use/Rendering Provider you may enter Lab NPI and Taxonomy combination).